

Title VI Complaint Form

Title VI of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The following information is necessary to assist us in processing your complaint. If you need assistance in completing the form, please contact the Title VI Coordinator:

Title VI Monique Gordon

City of Riverside 3900 Main Street, 2nd Floor Riverside, CA 92522

Ph: (951) 826-5427 / Fax: (951) 826-5427

TDD: (951) 826-5439 / Email: mwgordon@riversideca.gov

1. Complainant's Nam	ne:			
2. Mailing Address:				
3. City/State/Zip Code:				
4. Telephone:				
5. Person discriminated against (if other than complainant):				
Name:				
Address:				
City/State/Zip Code:				
6. Which of the following best describes the reason you believe the discrimination took place?				
a. Race:				
b. Color:				
c. National Origin:				
d. Age :				
e. Sex				
f. Disability				
g. Other				
7. What date did the	alleged discrimination take place?			

	cribe the alleged discriming. Please use additional she	ation. Explain what happened and ets of paper if necessary.	d whom you
9. List any others who ma	y have knowledge of this e	event: Name Address City/State/Zi	p Code
Name:	· · · · · · · · · · · · · · · · · · ·		
10. Have you filed this color State court? Yes:		eral, State, or local agency; or wit	h any Federal
If yes, check each box th	at applies:		
Federal Agency	Federal Court	State Agency	
State Court	Local Agency		
11. Please provide a conf	act name at the agency/	court where the complaint was file	∍d:
Please sign below:			
Complainant's Signature:		Date:	

You may attach any written material or other information relevant to the complaint